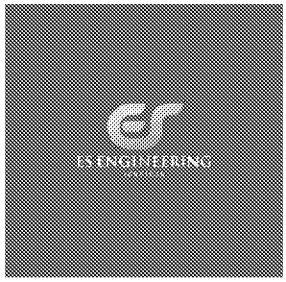
Report of Waste Discharge

Avalon Wastewater Treatment Facility

August 4, 2018

Prepared by:

ES Engineering Inc.



ES Engineering Inc.
1 Park Plaza, Suite 1000
Irvine, California 92614

ES Engineering Inc.

August 4, 2018

Los Angeles Regional Water Quality Control Board

320 West Fourth Street, suite 200

Los Angeles, CA 90013

Transmittal:

Report of Waste Discharge

City of Avalon

EPA ID No. CA0054372

City of Avalon Wastewater Treatment Facility

123 Pebbly Beach Road

Avalon, California 90704

ES Engineering Inc. on behalf of the City of Avalon, are pleased to submit this updated Report of Waste Discharge.

ES Engineering Inc.
1 Park Plaza, Suite 1000
Irvine, California 92614

Included in this submittal are:

1) EPA Form 3510-1 (8-90)
2) Location Maps
3) Form 200
4) EPA Form 3510-2A (Rev. 1-99)
5) Flow Diagram
6) Facility and Process Description
7) Certification Supplement with signature sheets

If you have any questions with this submittal or require additional information, please feel free to contact the undersigned at 310-510-0731.

Repectfully submitted the 4th day of August, 2018,

Van Madding

Van Madding, CPO

cc: Denise Radde, City Manager

Jenn Ferrari, Project Manager

ES Engineering Inc.
1 Park Plaza, Suite 1000
Irvine, California 92614

City of Avalon

Santa Catalina Island, CA

Regional Water Quality Control Board
320 W. 4th Street, Suite 200
Los Angeles, CA 90013

RE: Authorization to Submit Monitoring Reports

The City of Avalon authorizes ES Engineering Services, LLC to submit monitoring reports for the City of Avalon WWTF located at 123 Pebbly Beach Road in Avalon, CA on behalf of the City of Avalon.

Denise A. Radde, City Manager
City of Avalon

09/18/18
Date

Please print or type in the unshaded areas only. Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: S F CA0054372 T/A C D

LABEL ITEMS	PLEASE PLACE LABEL IN THIS SPACE
I. EPA I.D. NUMBER	
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

GENERAL INSTRUCTIONS
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	X (16)	(17)	(18)	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)	(19)	X (20)	(21)
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	(22)	X (23)	(24)	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	(25)	X (26)	(27)
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	(28)	X (29)	(30)	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	(31)	X (32)	(33)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	(34)	X (35)	(36)	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	(37)	X (38)	(39)
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	(40)	X (41)	(42)	J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)	(43)	X (44)	(45)

III. NAME OF FACILITY

C 1 SKIP: City of Avalon WWTF (15 | 16 – 29 | 30 – 69)

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2: Van Madding, Plant Manager (15 | 16 – 45)	(310) 510-0731 (46 – 48 | 49 – 51 | 52 – 55)

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3: P O Box 1810 (15 | 16 – 45)

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4: Avalon (15 | 16 – 40)	CA (41 – 42)	90704 (47 – 51)

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5: 123 Pebbly Beach Rd. (15 | 16 – 45)

B. COUNTY NAME

Los Angeles (46 – 70)

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6: Avalon (15 | 16 – 40)	CA (41 – 42)	90704 (47 – 51)	(52 – 54)

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
7 4952 (specify) Wastewater Treatment Systems	7 (specify)

C. THIRD	D. FOURTH
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: 8 ES Engineering, LLC

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☑ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.): A (310) 510-0731

E. STREET OR P.O. BOX: P O Box 1810

F. CITY OR TOWN: 8 Avalon

G. STATE: CA

H. ZIP CODE: 90704

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N CA0054372	9 P

B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 U	9 (specify)

C. RCRA (Hazardous Wastes)	E. OTHER (specify)
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Wastewater Treatment Facility - See narrative for further description.

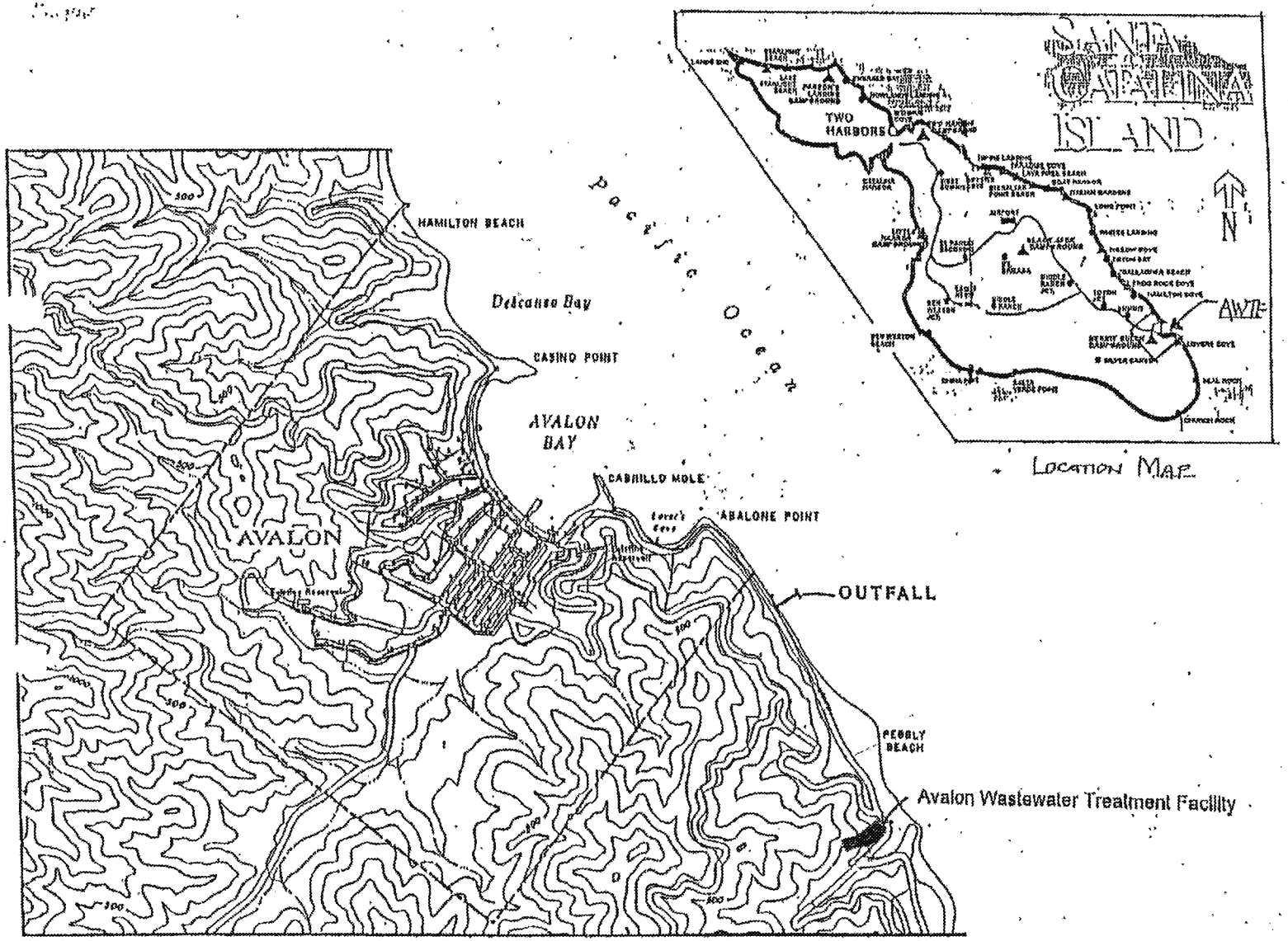
XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Denise Radde City Manager	Denise Radde	09/18/18

COMMENTS FOR OFFICIAL USE ONLY

C



environmental services
ES Engineering Services, L.L.C.
1 Park Plaza #1000 · Irvine, CA 92614 · (714) 919-6500

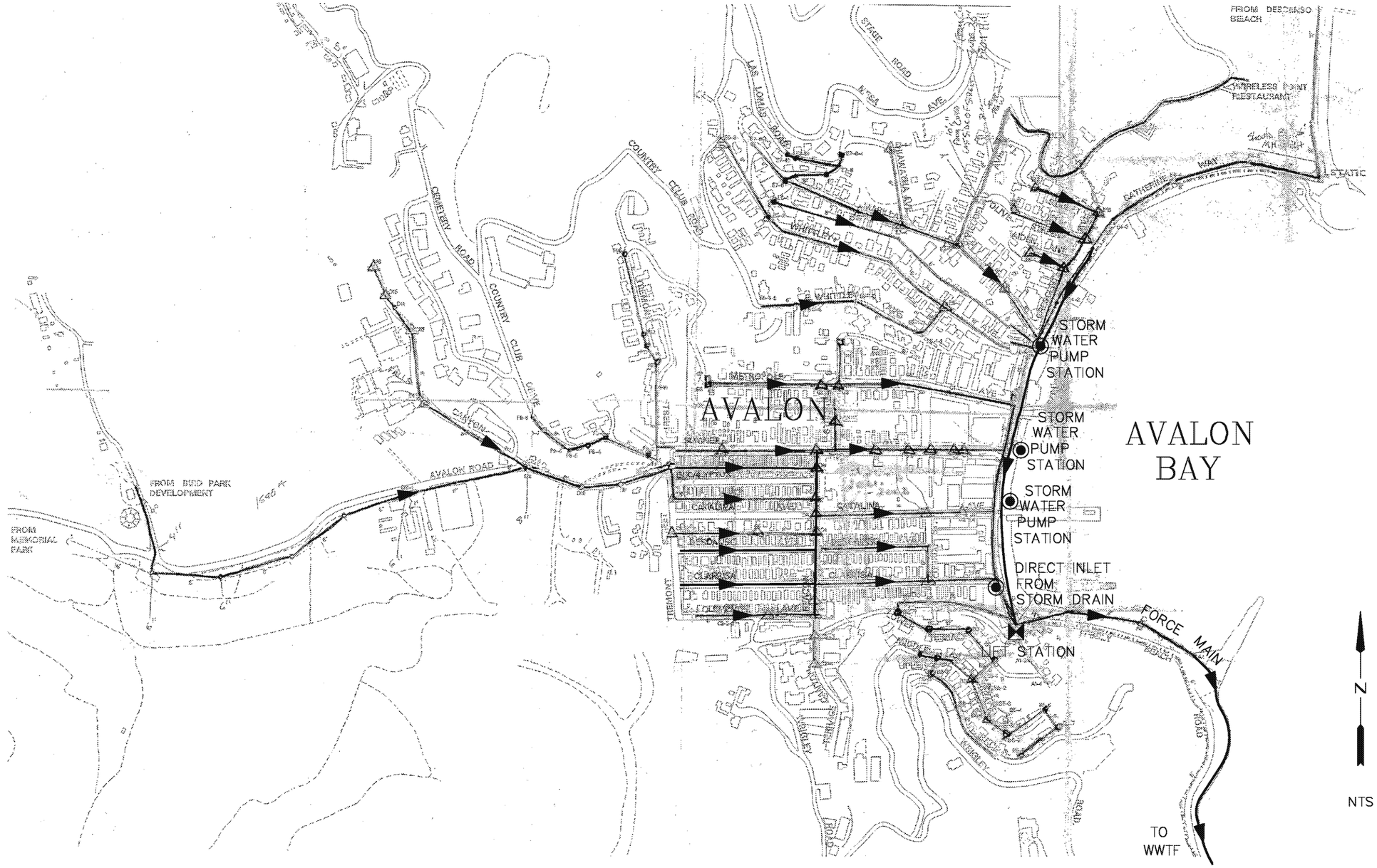
FIGURE 1
CITY OF AVALON WWTP
LOCATION
MAP

City of Avalon WWTF
123 Pebbly Beach Rd.
Avalon, CA 90704

DATE
08/22/2018

PROJECT NO.
690B

FILE NO.
Figures_InletStructures



environmental services
ES Engineering Services, L.L.C.
1 Park Plaza #1000 · Irvine, CA 92614 · (714) 919-8500

FIGURE 3
CITY OF AVALON WWTP
SEWER DIAGRAM &
INLET STRUCTURE LOCATIONS
City of Avalon WWTF
123 Pebbly Beach Rd.
Avalon, CA 90704

DATE 08/22/2018
PROJECT NO. 690B
FILE NO. InletStructure

Figure 2

Avalon Wastewater Treatment Facility, and the Area of Special Biological Significance (from Binnacle Rock to Jewfish Point)

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

State of California
Regional Water Quality Control Board

APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

I. FACILITY INFORMATION

A. Facility:

Name: City of Avalon WWTF			
Address: 123 Pebbly Beach Road			
City: Avalon	County: Los Angeles	State: CA	Zip Code: 90704
Contact Person: Van Madding		Telephone Number: 310-510-0731	

B. Facility Owner:

Name: City of Avalon			Owner Type (Check One) 1. ☐ Individual 2. ☐ Corporation
Address: PO Box 707			3. ☐ Governmental Agency 4. ☐ Partnership
City: Avalon	State: CA	Zip Code: 90704	5. ☐ Other:
Contact Person: Denise Radde		Telephone Number: 310-510-0220	Federal Tax ID: 956000669

C. Facility Operator (The agency or business, not the person):

Name: ES Engineering, LLC.			Operator Type (Check One) 1. ☐ Individual 2. ☐ Corporation
Address: PO Box 1810			3. ☐ Governmental Agency 4. ☐ Partnership
City: Avalon	State: CA	Zip Code: 90704	5. ☐ Other:
Contact Person: Van Madding		Telephone Number: 310-510-0731	

D. Owner of the Land:

Name: City of Avalon			Owner Type (Check One) 1. ☐ Individual 2. ☐ Corporation
Address: PO Box 707			3. ☐ Governmental Agency 4. ☐ Partnership
City: Avalon	State: CA	Zip Code: 90704	5. ☐ Other:
Contact Person: Denise Radde		Telephone Number: 310-510-0220	

E. Address Where Legal Notice May Be Served:

Address: 123 Pebbly Beach Road		
City: Avalon	State: CA	Zip Code: 90704
Contact Person: Van Madding		Telephone Number: 310-510-0731

F. Billing Address:

Address: PO Box 1810		
City: Avalon	State: CA	Zip Code: 90704
Contact Person: Van Madding		Telephone Number: 310-510-0731

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

State of California
Regional Water Quality Control Board

APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

☐ **A. WASTE DISCHARGE TO LAND** ☐ **B. WASTE DISCHARGE TO SURFACE WATER**

Check all that apply:

- ☐ Domestic/Municipal Wastewater Treatment and Disposal
- ☐ Cooling Water
- ☐ Mining
- ☐ Waste Pile
- ☐ Wastewater Reclamation
- ☐ Other, please describe: _____
- ☐ Animal Waste Solids
- ☐ Land Treatment Unit
- ☐ Dredge Material Disposal
- ☐ Surface Impoundment
- ☐ Industrial Process Wastewater
- ☐ Animal or Aquacultural Wastewater
- ☐ Biosolids/Residual
- ☐ Hazardous Waste (see instructions)
- ☐ Landfill (see instructions)
- ☐ Storm Water

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s)	2. Latitude	3. Longitude
Facility: 748-045-270	**Facility:** 33°19'56"N	**Facility:** 118°18'37"
Discharge Point: N/A (Pacific Ocean)	**Discharge Point:** 33°20'19"N	**Discharge Point:** 118°18'40"W

IV. REASON FOR FILING

- ☐ New Discharge or Facility
- ☐ Changes in Ownership/Operator (see instructions)
- ☐ Change in Design or Operation
- ☐ Waste Discharge Requirements Update or NPDES Permit Reissuance
- ☐ Change in Quantity/Type of Discharge
- ☐ Other: _____

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: Los Angeles Regional Water Quality Control Board

Has a public agency determined that the proposed project is exempt from CEQA? ☐ **Yes** ☐ **No**

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.

Basis for Exemption/Agency: Existing Facility / LARWQCB

Has a "Notice of Determination" been filed under CEQA? ☐ **Yes** ☐ **No**

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

☐ **EIR** ☐ **Negative Declaration** **Expected CEQA Completion Date:** _____

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

State of California
Regional Water Quality Control Board

APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

Part VI: Outfall Discharge Quality & Receiving Water Description (9/6/18); Figures 1-4 (8/22-9/6/18); Narrative of Treatment Process (9/6/18); SWPPP (9/6/2018); IGP NOI; NOI for Order 2006-003-DWQ; SSO Records (9/6/2018); Project Description (9/6/2018); Toxicity Reports; Effluent Monitoring Data; Form 3510-1; Form 2A; Form 2S; ES Authorization

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: Denise Radde **Title:** City Manager

Signature: Denise D Radde **Date:** 09/18/18

FOR OFFICE USE ONLY

Date Form 200 Received:	Letter to Discharger:	Fee Amount Received:	Check #:

Form 200 (4/97)

FACILITY NAME AND PERMIT NUMBER:
City of Avalon WWTF CA-0054372, CI-0066

Form Approved 1/14/99
OMB Number 2040-0086

FORM **2A** NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: City of Avalon WWTF

Mailing Address: PO Box 1810 Avalon, CA 90704

Contact person: Van Madding

Title: Plant Manager

Telephone number: (310) 510-0731

Facility Address (not P.O. Box): 123 Pebbly Beach Road, Avalon, CA 90704

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: City of Avalon

Mailing Address: PO Box 707 Avalon, Ca. 90704

Contact person: Denise Radde

Title: City Manager

Telephone number: (310) 510-0220

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner _____ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

✓ facility _____ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	CA-0054372	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Hybrid System			
City of Avalon	3800	Separate Sanitary Sewer	City of Avalon
City of Avalon	Intermittent	Storm Drain 1st Flush	City of Avalon

Total population served 3800

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 1.20 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.41	0.45	0.44	mgd
c. Maximum daily flow rate	0.54	0.59	0.80	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	99.00 %
✓ Combined storm and sanitary sewer	1.00 %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other _____ 0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method continuous or intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location
1/2 way between Avalon Bay and WWTF (City or town, if applicable) — 90704 (Zip Code)
Los Angeles (County) — CA (State)
33deg 20' 19" North (Latitude) — 118deg 18' 40" West (Longitude)

c. Distance from shore (if applicable) 400.00 ft.

d. Depth below surface (if applicable) 130.00 ft.

e. Average daily flow rate 0.50 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ____ Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: ____

Average duration of each discharge: ____

Average flow per discharge: ____ mgd

Months in which discharge occurs: ____

g. Is outfall equipped with a diffuser? ____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water Pacific Ocean

b. Name of watershed (if known) Santa Catalina Sub-Watershed

United States Soil Conservation Service 14-digit watershed code (if known): ____

c. Name of State Management/River Basin (if known): ____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): ____

d. Critical low flow of receiving stream (if applicable):
acute ____ cfs chronic ____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): ____ mg/l of $CaCO_3$

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

✓ Primary ✓ Secondary

____ Advanced ____ Other. Describe: ____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	90.00	%
Design SS removal	90.00	%
Design P removal		%
Design N removal		%
Other		%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

12% Chlorine solution is injected at the entry of the Chlorine Contact Chamber on a continuous feed basis.

If disinfection is by chlorination, is dechlorination used for this outfall? ____ Yes ✓ No

d. Does the treatment plant have post aeration? ____ Yes ✓ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.33	s.u.			
pH (Maximum)	7.47	s.u.			
Flow Rate	0.59	MGD	0.45	MGD	365.00
Temperature (Winter)	77.00	deg F	72.50	deg F	12.00
Temperature (Summer)	79.88	deg F	72.50	deg F	12.00

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	20.00	mg/l	9.00	mg/l	260.00	SM 5210 B	2 mg/l
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM		1,600.00	mpn/100ml	1,600.00	mpn/100m	52.00	SM 9221 B	2 mpn/100m
TOTAL SUSPENDED SOLIDS (TSS)		30.00	mg/l	16.00	mg/l	260.00	SM 2540 D	1 mg/l

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

128,000.00 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Collection system rehabilitation has been ongoing and ongoing standard maintenance activities will be performed as needed.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ✓ Yes ____ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: ES Engineering Services, LLC

Mailing Address: PO Box 1810 Avalon, CA 90704

Telephone Number: (310) 510-0731

Responsibilities of Contractor: Operations and Maint. of Main Plant, Collection System and Salt Water Distribution

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

001

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____ Yes ✓ No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

N/A

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ✓ No

Describe briefly: Tertiary sand filter implementation is being considered for water reuse.

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	6.80	mg/l	2.40	mg/l	20.00	EPA 350.1	0.1 mg/l
CHLORINE (TOTAL RESIDUAL, TRC)	57.00	ug/l	31.74	ug/l	60.00	SM 4500 cl G	1 ug/l
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN	147.00	mg/l	35.37	mg/l	20.00	EPA 300.0	mg/l
OIL and GREASE	0.00	mg/l	0.76	mg/l	60.00	EPA 1664	mg/l
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)	23,500.00	mg/l	19,898.00	mg/l	60.00	EPA 160.1	mg/l
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
City of Avalon WWTF CA-0054372, CI-0066

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✔ Basic Application Information packet

Supplemental Application Information packet:

✔ Part D (Expanded Effluent Testing Data)

✔ Part E (Toxicity Testing: Biomonitoring Data)

____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Denise Radde / City Manager

Signature: D Radde · ACTING CITY MANAGER 11/9/18

Telephone number: (310) 510-0731

Date signed: 11-9-18

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	2	ug/l	.0004	lb/day	.338	ug/l	.0001			ICP/MS	.05
ARSENIC	12.5	ug/l	.0034	lb/day	1.91	ug/l	.0005			ICP/MS	.05
BERYLLIUM	ND	ug/l			ND	ug/l				ICP/MS	.05
CADMIUM	.32	ug/l	.0001	lb/day	.38	ug/l	.0000			ICP/MS	.05
CHROMIUM	1.3	ug/l	.0002	lb/day	.45	ug/l	.0002			ICP/MS	N/A
COPPER	9.7	ug/l	.0036	lb/day	.66	ug/l	.0018			ICP/MS	0.3
LEAD	1.18	ug/l	.0003	lb/day	.59	ug/l	.0000			ICP/MS	0.2
MERCURY	.18	ug/l	.0000	lb/day	.05	ug/l	.0000			ICP/MS	0.045
NICKEL	1.6	ug/l	.0034	lb/day	.91	ug/l	.0010			ICP/MS	0.06
SELENIUM	7.8	ug/l	.0035	lb/day	2.45	ug/l	.0007			ICP/MS	0.3
SILVER	.03	ug/l	.0002	lb/day	.01	ug/l	.0000			ICP/MS	0.02
THALLIUM	ND	ug/l			ND	ug/l				ICP/MS	0.08
ZINC	61	ug/l	.0386	lb/day	15.4	ug/l	.0179			ICP/MS	3
CYANIDE	ND	ug/l			ND	ug/l				ICP/MS	0.0007
TOTAL PHENOLIC COMPOUNDS	ND	ug/l			ND	ug/l				ICP/MS	5.02
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:
City of Avalon WWTF

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	ND	ug/l			ND	ug/l			8	EPA 624	3.8
ACRYLONITRILE	ND	ug/l			ND	ug/l			8	EPA 624	1.7
BENZENE	ND	ug/l			ND	ug/l			8	EPA 624	0.061
BROMOFORM	ND	ug/l			ND	ug/l			8	EPA 624	0.37
CARBON TETRACHLORIDE	ND	ug/l			ND	ug/l			8	EPA 624	0.19
CLOROBENZENE	ND	ug/l			ND	ug/l			8	EPA 624	0.15
CHLORODIBROMO-METHANE	ND	ug/l			ND	ug/l			8	EPA 624	0.15
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM	ND	ug/l			ND	ug/l			8	EPA 624	0.12
DICHLOROBROMO-METHANE	ND	ug/l			ND	ug/l			8	EPA 624	0.12
1,1-DICHLOROETHANE	ND	ug/l			ND	ug/l			8	EPA 624	0.2
1,2-DICHLOROETHANE	ND	ug/l			ND	ug/l			8	EPA 624	0.077
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE	ND	ug/l			ND	ug/l			8	EPA 624	0.2
1,2-DICHLOROPROPANE	ND	ug/l			ND	ug/l			8	EPA 624	0.14
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE	ND	ug/l			ND	ug/l			8	EPA 624	0.096
METHYL BROMIDE	ND	ug/l			ND	ug/l			8	EPA 624	0.81
METHYL CHLORIDE	ND	ug/l			ND	ug/l			8	EPA 624	0.13
METHYLENE CHLORIDE	ND	ug/l			ND	ug/l			8	EPA 624	0.86
1,1,2,2-TETRACHLORO-ETHANE	ND	ug/l			ND	ug/l			8	EPA 624	0.1
TETRACHLORO-ETHYLENE	ND	ug/l			ND	ug/l			8	EPA 624	0.094
TOLUENE	ND	ug/l			ND	ug/l			8	EPA 624	0.068

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	ND	ug/l			ND			ug/l	8	EPA 624	0.19
1,1,2-TRICHLOROETHANE	ND	ug/l			ND			ug/l	8	EPA 624	0.26
TRICHLORETHYLENE	ND	ug/l			ND			ug/l	8	EPA 624	0.094
VINYL CHLORIDE	ND	ug/l			ND			ug/l	8	EPA 624	0.086
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL	ND	ug/l			ND			ug/l	8	EPA 625	0.13
2,4-DICHLOROPHENOL	ND	ug/l			ND			ug/l	8	EPA 625	0.11
2,4-DIMETHYLPHENOL	ND	ug/l			ND			ug/l	8	EPA 625	0.22
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL	ND	ug/l			ND			ug/l	8	EPA 625	1.2
2-NITROPHENOL	ND	ug/l			ND			ug/l	8	EPA 625	0.1
4-NITROPHENOL	ND	ug/l			ND			ug/l	8	EPA 625	0.49
PENTACHLOROPHENOL	ND	ug/l			ND			ug/l	8	EPA 625	0.12
PHENOL	ND	ug/l			ND			ug/l	8	EPA 625	0.058
2,4,6-TRICHLOROPHENOL	ND	ug/l			ND			ug/l	8	EPA 625	0.14
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE	ND	ug/l			ND			ug/l	8	EPA 625	0.087
ANTHRACENE	ND	ug/l			ND			ug/l	8	EPA 625	0.087
BENZIDINE	ND	ug/l			ND			ug/l	8	EPA 625	2.1
BENZO(A)ANTHRACENE	ND	ug/l			ND			ug/l	8	EPA 625	0.16
BENZO(A)PYRENE	ND	ug/l			ND			ug/l	8	EPA 625	0.16

FACILITY NAME AND PERMIT NUMBER:
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Form Approved 1/14/99
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Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	ND	ug/l			ND	ug/l			8	EPA 625	0.16
BENZO(GHI)PERYLENE	ND	ug/l			ND	ug/l			8	EPA 625	0.28
BENZO(K)FLUORANTHENE	ND	ug/l			ND	ug/l			8	EPA 625	.31
BIS (2-CHLOROETHOXY) METHANE	ND	ug/l			ND	ug/l			8	EPA 625	0.063
BIS (2-CHLOROETHYL)-ETHER	ND	ug/l			ND	ug/l			8	EPA 625	0.092
BIS (2-CHLOROISO-PROPYL) ETHER	ND	ug/l			ND	ug/l			8	EPA 625	0.064
BIS (2-ETHYLHEXYL) PHTHALATE	31	ug/l	.0062	lb/day	5.3	ug/l	.0013	lb/day	47	EPA 625	0.86
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE	ND	ug/l			ND	ug/l			8	EPA 625	0.071
2-CHLORONAPHTHALENE	ND	ug/l			ND	ug/l			8	EPA 625	0.99
4-CHLORPHENYL PHENYL ETHER	ND	ug/l			ND	ug/l			8	EPA 625	0.99
CHRYSENE	ND	ug/l			ND	ug/l			8	EPA 625	0.16
DI-N-BUTYL PHTHALATE	ND	ug/l			ND	ug/l			8	EPA 625	0.071
DI-N-OCTYL PHTHALATE	ND	ug/l			ND	ug/l			8	EPA 625	0.87
DIBENZO(A,H) ANTHRACENE	ND	ug/l			ND	ug/l			8	EPA 625	0.21
1,2-DICHLOROBENZENE	ND	ug/l			ND	ug/l			8	EPA 625	0.22
1,3-DICHLOROBENZENE	ND	ug/l			ND	ug/l			8	EPA 625	0.23
1,4-DICHLOROBENZENE	ND	ug/l			ND	ug/l			8	EPA 625	0.27
3,3-DICHLOROBENZIDINE	ND	ug/l			ND	ug/l			8	EPA 625	1.2
DIETHYL PHTHALATE	ND	ug/l			ND	ug/l			8	EPA 625	0.095
DIMETHYL PHTHALATE	ND	ug/l			ND	ug/l			8	EPA 625	0.1
2,4-DINITROTOLUENE	ND	ug/l			ND	ug/l			8	EPA 625	0.14
2,6-DINITROTOLUENE	ND	ug/l			ND	ug/l			8	EPA 625	0.91
1,2-DIPHENYLHYDRAZINE	ND	ug/l			ND	ug/l			8	EPA 625	0.094

FACILITY NAME AND PERMIT NUMBER:
City of Avalon WWTF

Form Approved 1/14/99
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Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	ND	ug/l			ND	ug/l			8	EPA 625	0.095
FLUORENE	ND	ug/l			ND	ug/l			8	EPA 625	0.061
HEXACHLOROBENZENE	ND	ug/l			ND	ug/l			8	EPA 625	0.018
HEXACHLOROBUTADIENE	ND	ug/l			ND	ug/l			8	EPA 625	0.32
HEXACHLOROCYCLO-PENTADIENE	ND	ug/l			ND	ug/l			8	EPA 625	0.15
HEXACHLOROETHANE	ND	ug/l			ND	ug/l			8	EPA 625	0.28
INDENO(1,2,3-CD)PYRENE	ND	ug/l			ND	ug/l			8	EPA 625	0.23
ISOPHORONE	ND	ug/l			ND	ug/l			8	EPA 625	0.14
NAPHTHALENE	ND	ug/l			ND	ug/l			8	EPA 625	0.03
NITROBENZENE	ND	ug/l			ND	ug/l			8		0.23
N-NITROSODI-N-PROPYLAMINE	ND	ug/l			ND	ug/l			8	EPA 625	0.88
N-NITROSODI- METHYLAMINE	ND	ug/l			ND	ug/l			8	EPA 625	0.13
N-NITROSODI-PHENYLAMINE	ND	ug/l			ND	ug/l			8	EPA 625	0.14
PHENANTHRENE	ND	ug/l			ND	ug/l			8	EPA 625	0.076
PYRENE	ND	ug/l			ND	ug/l			8	EPA 625	0.081
1,2,4-TRICHLOROBENZENE	ND	ug/l			ND	ug/l			8	EPA 625	1.18
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____chronic ____acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 1 Test number: 2 Test number: 3

a. Test information.

Test species & test method number	Sea Urchin Fertilization	Topsmelt Survival & Growth	Sea Urchin Fertilization
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	02/06/2014	03/24/2014	03/27/2014
Date test started	02/07/2014	03/25/2014	03/28/2014
Duration	40 min.	6d 22h	NA

b. Give toxicity test methods followed.

Manual title	EPA/600/R-95-136	EPA/600/R-95-136	EPA/600/R-95-136
Edition number and year of publication	Aug. 1995	Aug. 1995	Aug. 1995
Page number(s)	Sect. 16, p389-465	Sect. 16, p389-465	Sect. 16, p389-465

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	1 Gallon	1 Gallon	1 Gallon
Grab	5 Gallon Seawater	5 Gallon Seawater	5 Gallon Seawater

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.
After dechlorination			

	Test number: 1.00	Test number: 2.00	Test number: 3.00
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Final Effluent	Final Effluent	Final Effluent
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	Chronic	Chronic	Chronic
Acute toxicity			
g. Provide the type of test performed.			
Static	X	X	X
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water	Sea Water	Sea Water	Sea Water
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water	Natural	Natural	Natural
j. Give the percentage effluent used for all concentrations in the test series.			
	0.56,1.0,1.8,3.2,& 5.6%'s	0.41, 0.82, 1.64, 2.46, 3.69%	0.41, 0.82, 1.64, 2.46, 3.69%
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH		Met Specs	Met Specs
Salinity	Met Specs	Met Specs	Met Specs
Temperature	Met Specs	Met Specs	Met Specs
Ammonia			
Dissolved oxygen	Met Specs	Met Specs	Met Specs
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	5.60 %	3.69 %	3.69 %
IC_{25}	5.60 %	3.69 %	3.69 %
Control percent survival	%	100.00 %	%
Other (describe)	TUc 17.86	TUc 27.1	TUc 27.1
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	no	no	no
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

N/A

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.